









## APPLICATION FOR SPECIAL CAUSE COLLECTOR PLATES

Collector versions of each special cause license plate can be purchased for a one-time fee of \$35 each. The special cause receives \$25. **These plates are for display purposes only - not for vehicle registration.** Complete this form, including your name and address, to purchase by mail or fax.

Special Cause Collector Plates	
 <div style="text-align: right; margin-top: 5px;">_____ Agricultural Heritage</div>	 <div style="text-align: right; margin-top: 5px;">_____ Veterans Memorial</div>
 <div style="text-align: right; margin-top: 5px;">_____ Children's Trust Fund</div>	 <div style="text-align: right; margin-top: 5px;">_____ Water Quality</div>
 <div style="text-align: right; margin-top: 5px;">_____ Lighthouse Preservation</div>	 <div style="text-align: right; margin-top: 5px;">_____ Wildlife Habitat</div>
 <div style="text-align: right; margin-top: 5px;">_____ Patriotic "Proud to Be American"</div>	 <div style="text-align: right; margin-top: 5px;">_____ Patriotic "Sample"</div>
<div>Total # Special Cause Plates = _____</div> <div style="margin-left: 350px;">x \$35.00</div> <div>Total Special Cause Fees = \$ _____</div>	

**To Purchase by MAIL:** Complete the order form. If paying by check or money order, make payable to **State of Michigan**. If paying by credit card, complete the credit card section below. Mail this completed application to : **Michigan Department of State, Distributed Services Unit, Lansing, MI 48918.**

**To Purchase by FAX:** If purchasing by fax, you must pay by credit card. Fax this completed application to **(517) 322-1063 - 24 hours a day, 7 days a week.**

## Mailing Information (required)

NAME: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
DAYTIME TELEPHONE NUMBER: (_____) _____ - _____

## Credit Card Information (if paying by credit card)

My payment is by:				
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> Check (enclosed)	<input type="checkbox"/> Money Order (enclosed)
Credit Card Number:		Expiration Date:		Total Fees:
<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	\$ <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block; text-align: center; vertical-align: middle;">.0 0</div>
My signature below authorizes the Michigan Department of State to charge my account.				
Please SIGN your name:   X_____				
Please PRINT your name: _____				